Shri Pawan Kumar Bansal	Minister of State in the Ministry of Finance.
Dr. T. Subbarami Reddy	Minister of State in the Ministry of Mines.
Shri Anand Sharma	Minister of State in the Ministry of External Affairs.
Shri Ajay Maken	Minister of State in the Ministry of Urban Development.
Shri M.M. Pallam Raju	Minister of State in the Ministry of Defence.
Shri Chandra Sekhar Sahu	Minister of State in the Ministry of Labour & Employment.
Dr. Akhilesh Das	Minister of State in the Ministry of Steel.
Shri Jairam Ramesh	Minister of State in the Department of Commerce, Ministry of Commerce & Industry.
Shri Ashwani Kumar	Minister of State in the Department of Industrial Policy & Promotion, Ministry of Commerce & Industry.
Shrimati D. Purandeswari	Minister of State in the Ministry of Human Resource Development.

MR. CHAIRMAN: Now, Question Hour.

ORAL ANSWERS TO QUESTIONS

**1 [The questioner (Shri Raj Kumar Dhoot) was absent. For answer vide page 29.]*

Improvement in standards of hospitals and PHCs

*2. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to improve the functioning of Central Government hospitals and Primary Health Centres in the rural areas of the country; and

(b) if so, the details of the programmes and schemes formulated in this respect?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) A Statement is laid on the Table of the House.

Statement

(a) and (b) Central Government Hospitals namely, Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital, Lady Hardinge Medical College & Smt. S.K. Hospital, New Delhi, Postgraduate Institute of Medical Educational and Research, Chandigarh, All India Institute of Medical Sciences, New Delhi and Jawaharlal Institute of Post Graduate Medical, Education & Research (JIPMER), Pondicherry, are equipped with required essential facilities. Further, upgradation/modernization of the hospitals by replacement of old equipment/provision of new technologies is an ongoing process depending on the availability of resources.

As regards Primary Health Centres in rural areas of the country, the National Rural Health Mission (NRHM) has been launched by the Ministry of Health and Family Welfare during 2005-06 for the entire country with focus on 18 states. Its objective is to provide accessible, affordable, accountable, effective and reliable primary health care facilities specially to the rural poor and vulnerable sections of the population. The Mission also aims to bridge the gap of rural health care services through creation of cadre of 2.5 lakh. Accredited Social Health Activist (ASHA), improved hospital care, Intra and Inter-sectoral Convergence and effective utilization of resources. Besides, the Mission also aims to implement its programmes by community involvement through Panchayati Raj Institutions, NGOs and other stakeholders. The other strategies are strengthening of sub-centres, raising CHCs to Indian Public Health standards (IPHS), mainstreaming of AYUSH, strengthening mmunization, implementation of Janani Suraksha Yojna (JSY) for mproving institutional deliveries, supplies of additional generic drugs to SCs/PHCs/CHCs and also to provide insurance cover in the course of implementation of NRHM strategies.

प्रो॰ एम॰एम॰ अग्रवाल: आदरणीय सभापति जी, मैं आप के माध्यम से मंत्री जी से पूछना चाहता हूं कि प्राथमिक और कम्युनिटी सेंटर्स के लिए क्या प्रावधान किए गए हैं और क्या कोई नया प्रावधान किया गया है जिस से कि रूरल एरिया को स्वास्थ्य सुविधाएं मिल सकें?

DR. ANBUMANI RAMDOSS: Can the hon. Member repeat his question?

PROF. M.M. AGARWAL: I want to ask that rural areas किस तरह से डेवलप हो सकें और उनको हैल्थ की सुविधाएं मिल सकें। उनमें दो प्रकार के सेंटर्स हैं। एक प्राइमरी सेंटर है और एक कम्युनिटी सेंटर है। उन दोनों में हैल्थ की क्या-क्या सुविधाएं प्रदान की गई हैं या उन दोनों में सुविधाएं प्रदान करने के लिए क्या कोई नए प्रस्ताव लाए हैं? इन्होंने अपने जवाब में एक प्रस्ताव लिखा है कि एक नेशनल हैल्थ मिशन बनाया गया है, जिसमें 18 स्टेट्स शामिल होंगे। 31 स्टेट्स में से 18 स्टेट्स शामिल होंगे। अब पता नहीं, यह प्रोग्राम कब लागू होगा? कहा तो यही है कि इस साल से लागू होगा, लेकिन इस साल यह गांव वालों को क्या सुविधाएं पहुंचाएगा, यह बात अभी समझ में नही आ रही है।

श्री सभापति: ठीक है, ठीक है।

DR. ANBUMANI RAMDOSS: Sir, the starting of the National Rural Health Mission, I should say, is the biggest programme in the health sector in the last 50 years. It is mainly to cater to the needs of the rural people, community participation, upgradation of all the Sub Health Centres, Primary Health Centres, Community Health Centres, and mobilising the community level participation. We are going to enlist an accredited social activist called ASHA who is going to live in every village. This is not just one single programme. This programme not only comprises health sector but also sanitation, nutrition, drinking water and all other such things. This is not only the Health Ministry but also the Panchayati Raj Ministry, Rural Development, Water Resources Ministry and all are going to come. This is a huge programme. In fact, only last year on 12th April, the Prime Minister launched it. This is launched across the entire country. But we are concentrating in 18 States which have lower parameters in health care — Madhya Pradesh, Rajasthan, Orissa, Bihar, Uttar Pradesh, Chhattisgarh, Jharkhand, North-East, Jammu & Kashmir and Himachal Pradesh. In fact, I personally have gone to most of these States. We have met the Chief Ministers, announced the programme and we are closely following it up. In fact, two days ago, I was in Bihar just to monitor the Rural Health Mission. We are enlisting about 250,000 ASHAS who are going to live in every village and who are going to take care of immunisation, institutional deliveries, and thereby reducing infant mortality and maternal mortality and of course, stabilising the population, enticing women in the rural areas to build household latrines. So, it is a huge holistic programme whereby we are giving Rs. 10,000/- to each Sub Centre to procure their own medicines that they require for local needs. We are upgrading all the Primary Health

Centres and we are upgrading two Community Health Centres in each district in the entire country. We are giving Rs. 10 lakh and even Rs. One crore, if necessary, to each PHC for modernising the operation theatres, labour rooms, blood storage capacity, building quarters within the campus for doctors, nurses and employees. So, everybody will be there. A whole lot of work is being done there. It will take literally one more year to implement the programme because it is going to be a huge programme. This is a seven-year-old programme and we just cannot say that it is just another programme. It is a very new and innovative programme.

प्रो॰ एम॰एम॰ अग्रवाल: सर, मंत्री जी ने अभी जो जवाब दिया कि यह-यह करेंगे, कहीं यह आशा निराशा में तो नहीं बदल जाएगी? एक तो बात यह है, ध्यान रखने की। दूसरा यह है ... (व्यवधान)...

श्री सभापति: बस, एक ही कर लीजिए। आशा और निराशा, उनमें सब कुछ आ गया है।

प्रो॰ एम॰एम॰ अग्रवाल: नहीं, सर एक सवाल और है, जो छोटा और मामूली है। जो प्राइमरी हैल्थ सेंटर हैं और कम्युनिटी हैल्थ सेन्टर्स हैं, हमने इनमें पहले यह प्रोपोजल दिया था और मैं आपके माध्यम से मंत्री जी से आज भी यह कह रहा हूं कि जो नए एम॰बी॰बी॰एस॰ लड़के डाक्टर बनते हैं, उनकी वहां पर ड्यूटी लगाई जाए। वहां तो डॉक्टर देखने को मिलता ही नहीं है। रूरल एरियाज़ में जब कोई मरीज बीमार होता है, तो कोई भी डाक्टर वहां उपलब्ध नहीं होता। मंत्री जी इस बात का जवाब दें कि क्या यह प्रोग्राम इस तरह से लागू किया गया है, या नहीं लागू किया गया है?

DR. ANBUMANI RAMDOSS: Sir, when we go for a comprehensive National Rural Health Mission, all these things are also thought of. Not only doctors, we are going to integrate both the Indian system as well as the modern system at the primary level. Medicines will be there. There will be doctors from the Indian system like Ayurveda, from homoeopathy -- though homoeopathy is not an Indian system -- Siddha and also there will be doctors from the modern system. These are the various types of things. Coming to the problem of doctors not going to rural areas, yes, Sir, we have been having a lot of issues and, in fact, there are 23,000 odd Primary Health Centres and there are about 29,000 doctors posted in these centres. So, today we have only about 16,000 to 18,000 doctors going there actually. In fact, this is a State Governments' issue, State Governments' problem even though we are also responsible. But, Sir, we are now trying to bring in a holistic law making it mandatory that after a student finishes his internship or house agency, he has to work in rural

areas for one year. It is only after this, he will be eligible to private practice or to take up his post graduation. We are having discussions. I have already had a discussion with all the medical professional bodies. Everybody supported this. So, we are going through a phase and it also requires the approval from the MCI. You also know, Sir, a lot of things are happening there. We are trying our best to go into the structure and make it mandatory that all doctors will have, at least, one year rural posting in all these centres.

श्री मुख्तार अब्बास नकवी: सभापति महोदय, माननीय मंत्री जी ने प्राइमरी हेल्थ सेंटर्स के बारे में जो डॉक्टरों की संख्या बताई है, वह संख्या 16,000 हैं, जबकि पूरे देश में 23,000 प्राइमरी हेल्थ सेंटर्स बताए हैं। माननीय मंत्री जी ने प्राइमरी हेल्थ सेंटर्स के बारे में बताया कि आधुनिक मशीनें हैं, आधुनिक सुविधाओं से युक्त हैं, भव्य भवन हैं, लेकिन डॉक्टर गायब हैं। यह अपने आप में चिंता का विषय है। मैं माननीय मंत्री जी से कहना चाहूंगा कि प्राइमरी हेल्थ सेंटर्स में, जहां डॉक्टर नहीं हैं, केवल यह कहने से कि नए एमबीबीएस बच्चे जो आएंगे, उनके लिए अनिवार्य किया जाएगा कि वे प्राइमरी हेल्थ सेंटर्स में, ग्रामीण क्षेत्रों में जाएं, इस तरह प्राइमरी हेल्थ सेंटर्स को ट्रेनिंग हेल्थ सेंटर्स बनाने की जरूरत नहीं है, बल्कि अनुभवी डॉक्टर, अच्छे डॉक्टर गांवों के लिए जरूरी हैं। क्या माननीय मंत्री जी बताने की कृपा करेंगे कि कब और कितने समय में सभी ग्रामीण क्षेत्रों में जो प्राइमरी हेल्थ सेंटर्स हैं, वहां पर डाक्टर उपलब्ध हो जाएंगे?

DR. ANBUMANI RAMDOSS: Sir, doctors, once they go to a PHC, complain that there is no water, there is no power, there are no medicines, etc. All these issues will come in. And, the State Government has, definitely, to provide all these things.

SOME HON. MEMBERS: No, no. The Centre has also a responsibility ...*(Interruptions)*...

DR. ANBUMANI RAMDOSS: I am coming to that. But, we have proposed, in the National Rural Health Mission, the Community Health Centre/block hospital will be focus of all that. And, at least, everyday, doctor's turn will come and he will go to a PHC and come back. In fact, we are trying to make PHCs function for 24 hours. We are making 1,700 PHCs as FRUs. Under the National Rural Health Mission, we are modernising/upgrading all these existing Primary Health Centres. We are also trying to build some new centres. But, then, again, we are saying, as a policy, doctors could go there and come back in a shift. We have the Indian Public Health Standards oriented towards the community health centres whereby we have to have an anaesthetist, a gynaecologist,

a surgeon, a physician, a paediatrician, etc. So, we are trying to bring all these parameters on a holistic pattern. I am sure, Sir, in next one year, after we are through all these processes, the doctors will go there. By such time, the doctors will have a compulsory posting. Once he finishes his internship, he is a qualified doctor. And, I am sure he is a specialised and qualified doctor. We are upgrading the Community Health Centres, and it is going to be half-an-hour or one-hour travel from any part of the country to a nearest Community Health Centre or Primary Health Centre. Also, coupled with this programme, we have a medical mobile unit. We are starting with one for each district and we are going to have one for each block in the future whereby these also go to different areas, treat people and bring patients to the nearest centres which is going to be a fully-loaded centre through the National Rural Health Mission.

DR. KARAN SINGH: Mr. Chairman, Sir, this is, indeed, a very ambitious and a very good programme. I just want to inform the hon. Minister that thirty years ago we had also made it mandatory for doctors to go to the rural areas. But, they still don't go. Therefore, I would urge, on that particular issue, that he should ensure not only young doctors go for their training, but also fully qualified doctors go there, and, if they don't go, some action has to be taken. But, my question is little different.

I would like to know from the hon. Minister whether in this excellent and ambitious programme, tnere is also an important component of contraception and family planning. It is only through these rural health programmes we can spread the message of small population norm to the entire population. There are many methodologies -- through condoms, vasectomy and so on. Is the hon. Minister also putting in a very strong component of family planning into this programme?

DR. ANBUMANI RAMDOSS: Sir, coming to the issue of doctors, I would say that a Bill to amend the MCI Act is before Parliament. Once we amend it, it makes it mandatory that a doctor, after finishing his course, has to accept a rural posting. Otherwise, he will not get his permanent registration and he cannot practise within or outside. So, it makes them mandatory and I am sure all of them will go to rural areas and work.

Secondly, for the existing doctors, in rural areas, we are giving them incentives like making it easy for them to get a PG degree, giving them more marks, etc.

Coming back to the issue of population stabilisation, of which you are very rightly were and you have been propagating for this cause for a long time, the main aim of the National Rural Health Mission is to provide rural health care, and bring down the infant morality rate, the maternal morality rate and also to bring down the population This *'Asha'* is living in every village. Around 2,50,000 *Ashas* are going to be enlisted in the first phase. Out of this, 1,10,000 have already been enlisted in the States. However, the works like immunisation, taking a pregnant lady for check-up for an institutional delivery are also taken care of. So, the main purpose is to take a pregnant lady for an institutional delivery, let it be a private institution. We will give the money through *Janani Suraksha Yojna.* We will pay to the private doctors for taking care of delivery, whether it is caesarean or normal. The third work is to take the eligible couples of the village for population stabilisation procedures. We are also trying to improve our services at the Primary Helath Centres and the Community Centres, and modernising all those facilities. Then, free condoms would be provided to the *Ashas* to supply them to the women folk who do not have access to them. We are also starting a pilot project for supplying women condoms. We will be supplying these to the *Ashas.* We are very keen to stabilise our population because this is the biggest problem faced by the health sector. I am sure we are going to do that with the active cooperation of all the Members.

MR. CHAIRMAN: Next question.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, I have a very important point.

MR. CHAIRMAN: It has already taken more than half-an-hour.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, it is a very important question.

MR. CHAIRMAN: Every question is important.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, this is a very ambitious programme but no Southern State has been included in it. This is very serious.

DR. ANBUMANI RAMDOSS: Sir, the entire country has been included, but we have focussed on eighteen States.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, the hon. Minister himself is from the South India. I do not know whether he has any *(Interruptions)*

DR. ANBUMANI RAMDOSS: Sir, the entire country has been included in this programme. *(Interruptions)* I will clarify that. *(Interruptions)*

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, this is a very ambitious programme, but no Southern State has been included in it. There is a news items *(Interruptions)*

MR. CHAIRMAN: He is going to reply.

SHRI RAVULA CHANDRA SEKAR REDDY: Sir, I would like to submit that there is an unhealthy competition in the Health Department. The State of Madhya Pradesh is offering more salaries to the Government doctors than the State of Andhra Pradesh. Doctors are thus, tempted to go to the neighbouring States. *(Interruptions)* There are a lot of vacancies in Andhra Pradesh. *(Interruptions)* Sir, this is a very serious issue. *(Interruptions)*

DR. ANBUMANI RAMDOSS: Sir, let me clarify that the National Rural Health Mission is going through the entire country, including the States of Andhra Pradesh, Tamil Nadu, Kerala, Karnataka, etc. Every State has been included in this Mission. But, in the first phase, we are trying to focus on eighteen States which have the lowest parameters—where there is high infant mortality rate; where there is high maternal mortality rate. And, these eighteen States comprise 60 per cent of the Indian population. These States badly require this Mission. The State of Andhra Pradesh also comes under the National Rural Health Mission. But, as I said, we are focussing on eighteen States.

DR. ALLADI P. RAJKUMAR: Mr. Minister, you have announced eighteen States. We would like to know whether Andhra Pradesh is included in this list or not. *(Interruptions)*

DR. ANBUMANI RAMDOSS: I am telling you very clearly that Andhra Pradesh comes under the National Rural Health Mission. I don't know what more you want. You are trying to concentrate more on the States.

MR. CHAIRMAN: Next question.